

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1593
Logged In	
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILIB

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: DAVID S. PHILIB Political Party (if applicable): DEM

Office Sought: Iowa House & Rep District (if Senate or House): 99

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT: Dec. Philib TELEPHONE: 712-327-6836 DATE SIGNED: _____

I AM FILING A OCT. 19, 2004 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR. (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED OCT, 19, 2004
 Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) fax

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	<u>7216.88</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>5780.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL	\$ <u>12,996.88</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....		<u>5082.07</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>7914.81</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>62.93</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILIPS

OCT 19 2004

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State Party (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Political Party (if applicable)

DAVID J. PHILIPS

DEM

Office Sought District (if Senate or House)

IOWA House of REPRESENTATIVES

99

Phc. PLLC

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

712 328 6836

10-16-04

FORM DR-2 (Rev. 07/2004) DISCLOSURE REPORT For Office Use Only Comm. # 1593 Logged In SW LR Scanned Computer Audited

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I AM FILING A OCT 19, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$7216.88), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 5780.00, Schedule F: 0, Schedule H: 0), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 5082.07), CASH ON HAND at the end of this reporting period (\$7110.81), **UNPAID BILLS (\$0), **IN KIND CONTRIBUTIONS (\$62.93), **OUTSTANDING LOANS (\$0), CANDIDATE COMMITTEES ONLY, CONSULTANT BREAKDOWN (Schedule G Attached?) (YES/NO), VALUE OF CAMPAIGN PROPERTY (\$0).

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR PHILLIPS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/16/04	ID# CK# 2142	DAVID DEYOR 1945 PEARSON RD. #101 COUNCIL BLUFFS, IA 51503		\$ 99 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 2027	ROBERT HALL 8 SPENCER CIR COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 4953	STEVE GORMAN 19865 ELMA LANE COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 2778	RANDALL SCHROEDER 601 ROOSEVELT AVE COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 1611	CHRIS SORINSON 58 COTTAGE COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 1663	MIKE MURRAY 25215 BURBAN AVE COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input type="checkbox"/>
07/15/04	ID# CK# 1705	JUSTIN JAMES 21262 HOMESTEAD AVE COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
7/15/04	ID# CK# 452	JAMES THORN 5645 N. CLARE #3 CHICAGO, IL 60660		250 ⁰⁰	<input type="checkbox"/>
7/15/04	ID# CK# 1950	DONITA MARTIN 1523 N. BROADWAY COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 995

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILLIPS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/10/04	ID# CK# 3352	NORMA UHLB 231 ELMWOOD DR. COUNCIL BLUFFS, IA 51503		\$ 30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 11199	RODNEY CAMERON 3 SUMMIT CIR COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 5548	GAIL KINKEL 407 W. BRANHAM COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 8870	PAMELA COLLINS 325 NORTH AVE #10 COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1889	KEN RAINS 4800 EUCLID AVE DES MOINES, IA 50310		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 6501	RUSSELL LEFT 1020 N. 26 ST. COUNCIL BLUFFS, IA 51501		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 4913	CARL KEITH 415 OAKLAND AVE COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1019	PAUL SEELM 1953 PARKWALD #118 COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1789	MARVIN ARN PRILSTER 11 S. 1ST COUNCIL BLUFFS, IA 51501		25 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 6310	NONNIE WELSHAW 141 SPEAKE ST. SWAN, IA 50252		25 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 290	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR PHILIB

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/10/04	ID# CK# 9789	RONALD + MARINA HEITMAN 384 KEELINE AVE COUNCIL BLUFFS, IA 51503		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 4601	JAMES DOYLE 1331 S. 91 OMAHA, NE 68124		250 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 3188	PAM MILLER 1534 ORAN CIR COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 2483	PAUL SHOMSTER 3018 AVE M COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 10535	CAROL MATTHEW 225 HUNTINGTON COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 3774	LINDA STEENS CAND 19351 MONUMENT ROAD COUNCIL BLUFFS, IA 51503		60 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1755	JUDITH MALLORY 205 SKYLINE DR COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1328	KENNETH JAMES 26075 HINWAY K45 OMAHA, IA 51040		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 5808	JUDY MILLER 110 SELDEN COUNCIL BLUFFS, IA 51503		30 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1110	ALAN WEGMAN 3035 AVE L COUNCIL BLUFFS, IA 51501		20 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 765⁰⁰

TOTAL (if last page of this schedule)

\$

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 CITIZENS FOR HILLB

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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08/10/04	ID# CK# 2672	ARLENE TAMMAMILL 3013 12 AVE COUNCIL BLUFFS, IA 51501		\$ 20 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 5562	EDWARD BLENNER 1232 FAIRMONT AVE COUNCIL BLUFFS, IA 51503		10 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 5084	TAMARA PAUCH 391 ELMWOOD DR. COUNCIL BLUFFS, IA 51503	Sister	150 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 4985	STEVE GORMAN 19865 EKMA LANE COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 6261	JACK McCLOY 21005 HINNA 92 COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# Acct# 6331 CK# 1044	TRAMETER Local 554 4349 SOUTH 90TH OMAHA, NE 68127		500 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 2302	G.K. MAIBY 500 WILLOW AVE #210 COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 8208	GARY JAMES 17922 BENT TELL RIDE COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 7639	BETHNA WILCOX 403 GLEN AVE COUNCIL BLUFFS, IA 51503		60 ⁰⁰	<input checked="" type="checkbox"/>
08/10/04	ID# CK# 1127	JAMES THORP 310 KANEVILLE BLVD COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1090	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR PHILLIPS

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08/10/04	ID# CK# 2004	JOHN FERNANDEZ 25 SCARLET OAKS LANE COUNCIL BLUFFS, IA 51503		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
10/01/04	ID# CK# 5980	RICHARD CHRISTIE 233 TURKEY AVE COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input type="checkbox"/>
10/03/04	ID# CK# 4306	TOM READY 2245 YORKTOWN RD. DUBUQUE, IA 52002		50 ⁰⁰	<input type="checkbox"/>
10/04/04	ID# CK# 13234	IFSEA - PAC 777 3RD ST. DES MOINES, IA 50304		500 ⁰⁰	<input type="checkbox"/>
9/24/04	ID# CK# 1467	IAFF (AFL-CIO) 1750 NEW YORK AVE NW WASHINGTON D.C. 20006		500 ⁰⁰	<input type="checkbox"/>
09/27/04	ID# CK# 11863	MISSOURI STATE COUNCIL OF FIREFIGHTERS 6320 MANHATTAN AVE SUITE 414 KANSAS CITY, MO 64133		100 ⁰⁰	<input type="checkbox"/>
09/27/04	ID# CK# 713	JACK REED 427 CRESTVIEW AVE OTTUMWA, IA 52501-1229		100 ⁰⁰	<input type="checkbox"/>
09/20/04	ID# CK# 2014	CWA - COUNCIL OF STATE OF IOWA CODE FUND 369 CALIFORNIA ST. WATERLOO, IA 50703		100 ⁰⁰	<input type="checkbox"/>
09/22/04	ID# CK# 7418	I.B.E.W. EDUCATION COMMITTEE 1125 15TH ST. N.W. WASHINGTON D.C. 20005		100 ⁰⁰	<input type="checkbox"/>
09/12/04	ID# CK# 1016	ELECTION PAC #6080 4211 GRAND AVE DES MOINES, IA 50312		250 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1750	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR PHILLIPS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/14/04	ID# CK# 000787	HANDLAND REGIONAL COUNCIL CARPENTERS #8027 201 E. 3RD ST STERLING, IL 61084-3945		\$ 500 ⁰⁰	<input type="checkbox"/>
09/16/04	ID# CK# 522	LOCAL FIRE PAC #6314 P.O. BOX 1821 DEL MAR, IA 52306		100 ⁰⁰	<input type="checkbox"/>
10/07/04	ID# CK# 3240	MICHAEL MATTOX 225 HUNTINGTON AVE COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input type="checkbox"/>
10/11/04	ID# CK# 3330	EDMUND MCBIND 205 KEELWELL AVE COUNCIL BLUFFS, IA 51503		40 ⁰⁰	<input type="checkbox"/>
10/11/04	ID# CK# 1120	WASHINGTON STATE COUNCIL FIREfighters 1069 ADAMS ST. S.E. OLYMPIA, WA 98501		200 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 890

TOTAL (if last page of this schedule)

\$ 5780

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR PHILLIPS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/19/04	ID# CK# 1001	UNIONIST PRINTING 1309 N.W. RADIAL HIGHWAY OMAHA, NE 68132	PRINTING RECEIPTS/ FUND-RAISER CARDS	\$ 949.00
08/03/04	ID# CK# 1003	BAYLIS PARK MAIL COUNCIL BLUFFS, IA 57823	MAIL RENTAL FOR FUNDRAISER	150.00
08/03/04	ID# CK# 1002	US POSTAL SERVICE COUNCIL BLUFFS, IA 51503	POSTAGE FOR FUNDRAISER	222.00
08/16/04	ID# CK# 1004	CORI STOPAK 377 LAMWOOD, IA COUNCIL BLUFFS, IA 51503	FOOD FOR FUNDRAISER	317.66
09/22/04	ID# CK# 1005	IOWA DEMOCRATIC PARTY	CAMPAIGN MAILING	1060.00
09/23/04	ID# CK# 1006	TARLETT MAIL OF BLUFFS	PRINT CARDS/SLIP + PRINTING FOR FUNDRAISER	72.51
09/22/04	ID# CK# 1007	US POSTAL SERVICE COUNCIL BLUFFS, IA 51503	POSTAGE RE. CAMPAIGN MAILING	341.00
10/5/04	ID# CK# 1009	UNIONIST PRINTING 1309 N.W. RADIAL OMAHA, NE 68132	YARD SIGNS	1203.75
SUB-TOTAL				\$ 4316.01
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS For All

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-05-04	ID# CK# 1010	UNION-BT PRINTING 1309 N.W. RADIAL HIGHWAY OMAHA, NE 68132	POSTCARD MAILING PAPER	\$ 490 ⁰⁶
	ID# CK# 1008	US POSTAL SERVICE COUNSEL BLUFFS, IA 51503	MAILING (CAMPAIGN)	276 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$ 766 ⁰⁶
TOTAL (if last page of this schedule)				\$ 580 ⁰⁶

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
 Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)
 Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(1).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR PHILLIPS

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	



DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
07/19/04	PETER C PHILLIPS 817 IRONWOOD CT COUNCIL BLUFFS IA 51503	BROTHER	FAX CHARGE FOR STATE REGS	\$ 11 ²⁴	<input type="checkbox"/>
08/04/04	GURI PHILLIPS 391 ELWOOD DR COUNCIL BLUFFS IA 51503	MOTHER	FUND RAISER FOOD UTENSILS	51 ⁶⁹	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 62⁹³
 TOTAL (if last page of this schedule) \$ 62⁹³

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.